

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | 18       | 588    | 10-31-01 |
| RESPONSE FORMALITY REVIEW | Request  | 925    | 03-19-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1 1            | ✓ =  |
| 2 2            | ✓ =  |
| 3 3            | ✓ =  |
| 4 4            | ✓ =  |
| 5 5            | ✓ =  |
| 6 6            | ✓ =  |
| 7 7            | ✓ =  |
| 8 8            | ✓ =  |
| 9 9            | ✓ =  |
| 10 10          | ✓ =  |
| 11 11          | ✓ =  |
| 12 12          | ✓ =  |
| 13 13          | ✓ =  |
| 14 14          | ✓ =  |
| 15 15          | ✓ =  |
| 16 16          | ✓ =  |
| 17 17          | ✓ =  |
| 18 18          | ✓ =  |
| 19 19          | ✓ =  |
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| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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3/1/02  
 10/31/01  
 851  
 03/19/02